

## **AUTHORIZATION**

(Prisoner's Account Only)

**ORIGINAL**

1:CV-01-280

**NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.**

I, James H. Williams, request and authorize the agency holding me in custody to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in amounts specified by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted from my account regardless of the outcome of my civil action. This authorization shall apply to any other agency into whose custody I may be transferred.

**FILED  
HARRISBURG, PA**

Date: May 7th, ~~19~~ 2001

MAY 8 2001

MARY E. D'ANDREA, CLERK  
Per *Signature* Deputy Clerk

James L. Williams AY 8692  
Signature of Prisoner

Box at Schuylkill County Prison 230 Sanderson st

Pottsville, Pa. 17901-173